AN

ESSAY

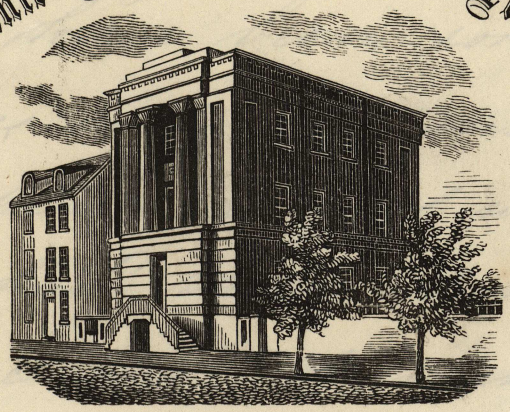
ON

Natural Labor.

RESPECTFULLY SUBMITTED TO THE FACULTY

of the

Homœopathic Medical College of Pennsylvania.



FOR

The Degree of Doctor of Medicine

BY

W. D. Newell of Mystic Ct.

Philadelphia, Feb. 1st 1862.

Natural Labor.

Commencing back to the time of conception as all things are first conceived before they are brought to light. There have been some 264 theories as to the mode of conception, each of which have had their advocates for a time, and then in turn have given place to others, which have in their turn sunk into oblivion.

Prof Guernsey offers another theory, making the 265th, which relates to the way in which the Spermatozoa

reach the ovaries.
The Prof. thinks there must
be a direct communication
from the Vagina of the female
to the Ovaries through the
broad ligaments by which
the Spermatozoa may pass
direct without it having
to work its way up through
the Vagina. Uterus. and Fallopian
tubes, against the rugæ and
discharge which is flowing
from the Uterus and vagina.
These theories may look very
plain yet it is dificult
to demonstrate them satisfactorily.
But this we do know that
after copulation the germ

becomes impregnated or vitalised and passes along the fallopian tubes into the Uterus, where it insinuates itself between the opposite surfaces of the uterine mucus membrane, and becomes soon afterward lodged in one of the furrows or depressions between the projecting convolutions of the decidua.

The Decidua is a membrane formed for the purpose of protecting the fecundated germ, and is divided into two parts, that which is attached directly to the side of the Uterus called decidua vera,

and that portion which is reflected around the germ independent, or not attached to the side of the Uterus, called the Decidua reflexa. The period during which a woman is said to be able to propagate her specie extends over a period of 30 years, coterminous with the period of menstruation. Commencing at the age of 15 or 16 and continuing to the age of 45 or 46.

Though it may be cut short by disease, and may be someting prolonged, by carefully preserving the health, to a longer period.

There are cases reported
where the function remained
at the advanced age of 100 years.
The time which the impregnated
germ remains in the Uterus
varies from 200 to 300 days
but the generaly accepted
time is 40 weeks; 280 days
or 10 lunar months.
And the proper mode
of computing the time
at which a woman will
have arrived at her full
term, is to commence at the
end of the last appearance
of the menses and count
forty weeks which will in
most of cases give the correct-

time. sometimes 1 or 2 days either way will have to be allowed.
The term of Gestation is one of general plethora in which the blood is increased in quantity and quality.
The pulse is quicker and fuller.
One of the first signs of pregnancy is the cessation of the catamenia at the proper time. and if at the second period they are still absent it is deemed conclusive or nearly so on the part of the female.
Though this is one of the earliest results of pregnancy

it is not conclusive inasmuch as the discharge may occur for some months after conception, or even monthly during the whole period of gestation, & in some cases it occurs only during the period of gestation, or it may be suspended from other causes than gestation.

Salivation often occurs during pregnancy, but it differs from that caused by mercury from an absence of the peculiar odor from the breath the swolen and spongy gums, loos teeth &c. it often ceases of itself from the 4th to 8th month,

The mamma sympathise with the Uterus about the second month. They increase in size and firmness, a throbing pain is felt in the substance of the breast & in the nipple. Most women suffer more or less from nausea and vomiting, especialy on rising in the morning. This irritability of stomach may commence immediately after conception, or as is more general it sets in about the fifth or sixth week & ceases soon after the third month. Sometimes instead of the sickness we may have a peculiar cough which may be very

troublesome, or the sickness
may come on at evening and
last a few moments. or continue
for hours. and be so severe
as to cause the patient to keep
her bed. or it may amount
only to a slight feeling
of uneasiness.
The diagnosis of Pregnancy
is very dificult during the
first months, as no single
sign can be relied on as conclusive.
It is only when 2 or 3 are present
and occur in proper order
that we can feel in any
degree certain.
Thus if a female miss 2 of
her periods we may have

grounds for suspicion & these will be strengthened if morning sickness occur in the second month. & if to these enlargement of the breasts or salivation be added, the case is pretty certain But it is not however until the last half of gestation that we obtain positive evidence which can neither be assimilated nor evaded. These are a regular enlargment of the abdomen from the uterus ascending and filling the cavity gradualy after the 4th month, and may be distinguished from gas by the feel.

Quickening is another sign,
this is when the mother
first feels the motion of
the child; and it may be
felt by applying the cold hand
to the abdomen.
Another sign is obtained from
the urin by letting it stand
for a time. a peculiar skum
rises to the top like that
somewhat, on soup when cooling.
This deposit has of late received
the name of Kiestine, and
is considered of much
importance as a diagnostic sign.
It exists from the first month
until the period of delivery.

Before describing the ordinary course of labor, it is necessary to point out certain symptoms which indicate its approach.
During the last month the abdomen decreases in size owing to the absorption of the liquor amnii and partly to the lower end of the Uterus sinking into the pelvis; also to some relaxation of the uterine tissue permitting a greater lateral expansion.
A frequent desire to urinate is another of the immediate signs owing to the pressure of the Uterus on the bladder with the reflex action from

the Uterus to the bladder.
and may be present during
several weeks of the last
part of gestation.
The reflex action acts on the
bowels producing tenesmus
and diarrhoea.
During the last part of the
last month the patient
experiences a peculiar squeezing
sensation in the abdomen
lasting for a short time then
subsides. it is not attended
with pain.
About twenty-four hours
before the commencement of
actual labor a mucus discharge
takes place from the Vagina

which is called the show. its office seems to be to moisten and assist in prepairing the way for the discent of the child. Thus much for the preliminary signs. The proces of labor may be divided into three stages the first extending from the commencement of the pains to the dilitation of the Os Uteri; the second till the delivery of the child and the third to the expulsion of the membrany. On being called to tend a lady. (by the way though we never should if it be against her wishes from the bad effects that may

folow from disapointment,
such as protracted or powerless
labor). After ascertaining whether
labor has begun, and its advance
we should inquire whether
the bowels and bladder
have been emptied of their
contents. If not have it done.
We should see to the prepairing
the bed which should be
protected by means of an
oilcloth. During the first stage
the patient may sit up
and amuse herself, but as
soon as the second stage
commences she should go to
bed, and an examination
be made to ascertain the

presentation. the condition
of the parts &c.
Preparitory for an examination
the patient should be brought
to the right side of the bed
the night dress folded back
under the arms, to prevent
soiling. She should be protected
by means of a sheal or skirt
pined around her.
Her person should not
be exposed.
We should inquire after the
general health, if there have
been previous labors or any
complications. so that we
may be prepaired for
any emergency that may occur.

We should provide ourselves with two ligatures & a pair of scissors for tying & cutting the chord. The first stage is twice as long as the second. during which we ~~may allow~~ are to watch the progress of the labor and condition of patient — to protect the perineum and receive the child, and as breathing is established and the chord stops pulsating it should be ligatured 2 in. from the abdomen & one 2 in. from the first & then cut between the two. The child then may be handed over to the nurse for washing.

Now another examination it should be made to see if there be another child if not the placenta is to be removed with the clots &c.

A bandage should be applied around the hips & pinned tightly for 2 days when it should be removed & the corset substituted.

The soiled clothes & oilcloth are ~~xxx~~ to be removed by commencing from above & rolling them into a bundle from under the patient, her night dress turned down again & moved up in bed with her head only slightly raised.

The child after being washed with warm water is ready to have the naval dressed. which is done by folding it between a piece of soft cloth & a bandage applied around the abdomen. Instead of the clothes being brought put on over the head they should be brought up over the feet. After dressing it should be placed in bed on its right side by its mother.

We are again to examine the patient before going.

The pulse is an important criterion as to the condition of the system. if it remain above 100 we should not leave her, for

but may expect something wrong
soon, which will require our
interference. Many a mother
has been sacrificed from
neglecting to observe this precaution,
We should return after the lapse
of 6 hours for the purpose of
ascertaining if all is doing well.
The patient should not be allowed
to sit up even in bed for at least
9 days or get out of bed for anything
by explaining the troubles that
may follow it will not be a
hard task to confine her there.
She should pass her urin in
about 6 hours. By using a cloth
or basin. There is no need of her
bowels moving in a week.

We should examine the discharge to ascertain the quantity and quality also whether she can turn her limbs outward or not. Her diet should be simple during the first few day till the milk has been secreted properly which takes place in 3 or four days. The child will lay and sleep for the most of time. when it wakes and cries it should be applied to the breast. Sometimes the nurse wants to feed the child. for this purpose she may take 1 teaspoonful of good new milk & 1 of water sweeten. which is all sufficient. The chord will dry and

slough off in 4 or 5 days & should never be aided by a efficient nurse. We must inquire into the condition of the child's evacuations &c.

The room should be kept moderately dark not so as to be unpleasant.

The mother should be lightly covered in bed & the room comfortably cool, not chilly.

RESPECTFULLY SUBMITTED TO THE FACULTY
of the
Medical College of Pennsylvania
FOR
The Degree of Doctor of Medicine
BY
Caleb S. Middleton, of New Jersey
Philadelphia, February 1st 1862